ILLINOIS DEPARTMENT OF
Healthcare and
Family Services

Procedures for Enrollment of Medicaid Clients into Care Coordination

Webcast

June 30, 2014

Illinois Medicaid Vision

- Our vision is aligned with national healthcare reform and state Medicaid reform
- We are working to fulfill the vision of the "Triple Aim"
  - Improving the quality of care
  - Improving the health of populations, and
  - Reducing the growth in health care costs
- 2011 Medicaid reform law (P.A. 96-1501) mandates 50% of clients to be enrolled in "care coordination" by 1/1/15
- Even without state mandate, we believe that care coordination is needed to achieve the Triple Aim
- Care coordination requires the redesign of the Medicaid Program into networks and Health Plans

Our Unique Structure: Models of Managed Care Entities

- Different Health Plans for different Medicaid populations
  - Seniors and Persons with Disabilities (SPD) – Medicaid-only & Medicare/Medicaid (duals)
  - Children, Parents/Caretaker Relatives, Pregnant Women – called "Family Health Plans" (FHP)
  - Children with Special Needs (CSN)
  - Newly Eligible Adults under the Affordable Care Act – called "ACA Adults" (ACA)
- 4 different models of Managed Care Entities offering Health Plans
  - Managed Care Organizations (MCO)
  - Managed Care Community Networks (MCCN)
  - Care Coordination Entities (CCE)
  - Accountable Care Entities (ACE)

Care Coordination in Mandatory Regions

- Clients are in process of enrolling or being enrolled in Health Plans in 5 mandatory regions
  - Chicago region – 6 counties
  - Rockford region – 3 counties
  - Central Illinois region - 15 counties
  - Quad Cities region – 3 counties
  - Metro East region – 3 counties
- Clients in rural counties will continue to be in IL Health Connect (fee-for-service) for a while
- About 2 million Medicaid clients will be in Health Plans by mid-2015

Clients Must Choose a Health Plan

- Initial enrollment packet mailed to clients includes a letter and brochure, “Your Health Plan Choices,” for area where client resides
- Goal is to have clients select a Health Plan voluntarily
- Clients may change their Health Plan once during initial 90 days of enrollment
- After 90 days they are “locked in,” or required to remain with Health Plan for one year (if they remain eligible for Medicaid)
- Clients may change a Health Plan any time, if they have cause
- At end of one-year lock-in period, clients have option to change Health Plans or stay with their current plan

Enrollment Process for Clients

- Two ways to enroll:
  - by going online at www.enrollHFS.Illinois.gov or
  - by calling Client Enrollment Services (CES) at 1-877-912-8880
- When enrolling by phone client talks to Client Enrollment Broker (CEB), a neutral party not part of any Health Plan and ready to educate and assist clients to make a choice
- CEBs will be available from 8 a.m. to 7 p.m. Monday through Friday, and from 9 a.m. to 3 p.m. Saturday

What If Client Doesn't Choose a Health Plan?

- Clients have 60 days during voluntary enrollment period to pick a Health Plan with a Primary Care Provider (PCP)
- If client does not select a Health Plan within the first 30 days of the voluntary enrollment period, CES will mail a second enrollment packet to the client
  - Packet identifies the Health Plan (with PCP) to which client will be assigned by day 60 of voluntary enrollment period
- If client does not select a Health Plan during 60-day voluntary enrollment period, client will be automatically enrolled (or "auto-enrolled") in a Health Plan

How Will The Auto-Enrollment Process Work?

- The key criterion for auto-enrollment is the Primary Care Provider (PCP) to assure continuity of care
  - Under Illinois Health Connect, most children and adults in Illinois Medicaid have a Primary Care Provider (PCP)
  - Auto-enrollment process will assign client to the same PCP, as long as PCP is in network of a Health Plan serving client's area
- If PCP is in more than one Health Plan, the auto-enrollment process will make every effort to balance enrollments among Health Plans
- For newly enrolling Medicaid clients with no PCP, the auto-enrollment process will select a Health Plan with an available PCP serving the area where client resides

Enrollment Mailing Schedule

- Enrollment mailing schedule called “Managed Care Expansion Mail Schedule” shows mailing by week and by county
  - Is posted on HFS Website – and will be updated as necessary
- Client does not have to wait to receive enrollment packet – may call CEB, but only at the beginning of the week for mailing into his/her county
- By now, almost all Seniors and Persons with Disabilities are enrolled
- All other populations in mandatory managed care regions – children and adults in Family Health Plans, ACA Adults (with the exception of ACA Adults in CountyCare) and Children with Special Needs – will receive the initial enrollment packet by the end of 2014; some clients will be in auto-enrollment phase at 60th day if they have not selected a Health Plan
- ACA Adults who enrolled in CountyCare in 2013 and 2014 will not receive their enrollment packet to stay in CountyCare, or select another Health Plan, until 2015

Medicaid is Changing for Providers!

- Medicaid clients will no longer be able to go “anywhere that accepts Medicaid”
- Please take steps to keep Medicaid clients under your care
  - Important to understand that your patients are or will be enrolled with a Health Plan if they live in one of 5 mandatory managed care regions
  - Join network of one or more of the Health Plans
  - Become familiar with Health Plans with which you have a contract – understand which hospitals and specialists are associated with each Health Plan and what new services may be offered
- Your clients will receive enrollment packet and may ask your advice on which Health Plan to select – follow the guidelines

Must Follow Guidelines for Client Enrollment Education

- Managed care entities offering Health Plans – and the PCPs and other providers in their network – may reach out to their members or patients
- But outreach and education must follow limits established by federal law and "HFS Health Plan Outreach Guidelines" posted on HFS Website
- HFS must review and approve all materials related to or containing information regarding Health Plan choice before they may be used for education, outreach or marketing purposes. Send materials to Bureau of Managed Care at HFS.hlthplanoutreach@illinois.gov

No Cold Call Outreach

- Face-to-face outreach by a Health Plan directed at Medicaid clients or potential enrollees – including direct or indirect door-to-door contact, telephone contact or other cold-call activities – is prohibited
- Cold-call outreach is prohibited (both in person and by telephone) in all outreach activities – prohibition extends to network providers

May Educate About Specific Plan

- Clients must be made aware of all Heath Plan choices
- A flyer/letter template is posted on HFS website to use in provider offices
- If provider chooses to prefer a Health Plan in the flyer/letter, may add a paragraph to the flyer/letter indicating the preference; however, the preference must result in benefit to the client and not only to the provider
- The flyer/letter must include the following statement: “To learn more about your health plan choices, please contact Illinois Client Enrollment Services at 1-877-912-8880 or visit www.EnrollHFS.Illinois.gov”.

May Participate in Community Events

- Health Plans may host or participate in community health awareness events and health fairs
- But all Health Plans in the region must be given opportunity to attend at least 30 days in advance of event
- It is responsibility of Health Plan to advise the event planner that all plans must be invited in order for the Health Plan to accept the invitation

Important Contacts

- Two ways for clients to enroll in a Health Plan
  - by going online at www.enrollHFS.Illinois.gov or
  - by calling Client Enrollment Services (CES) at 1-877-912-8880
- Requests for review and approval of education, outreach and marketing materials:

  HFS Bureau of Managed Care
  HFS.hlthplanoutreach@illinois.gov